County: Racine
LAKESHORE MANOR
1320 WISCONSIN AVENUE
RACINE 53403 Phone: (262) 687-2241
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 50
Number of Residents on 12/31/00: 49

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No Yes 49

Number of Residents on 12/31/00:	****	49 ************************************	******	************	******	********	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/	00) %
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0. 0 10. 2 12. 2 0. 0 0. 0 10. 2 6. 1 36. 7 12. 2 10. 2 2. 0 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	2. 0 2. 0 38. 8 44. 9 12. 2 100. 0 98. 0 	Less Than 1 Year 1 - 4 Years More Than 4 Years ************************* Full-Time Equiva Nursing Staff per 100 (12/31/00) RNs LPNs Nursing Assistants Aides & Orderlies	

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other P		Private Pay			Managed Care			Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	6	100.0	\$259.00	20	71.4	\$118.96	0	0.0	\$0.00	15	100.0	\$168.00	0	0.0	\$0.00	41	83. 7%
Intermedi ate				8	28.6	\$96. 15	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	8	16. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	6	100.0		28	100. 0		0	0.0		15	100.0		0	0.0		49	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	and Activities as of 12	2/31/00
beachs builing hepoteting terrou				%	Needi ng		Total
Percent Admissions from		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	15. 2	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	4. 5	Bathi ng	0. 0		77. 6	22. 4	49
Other Nursing Homes	7. 6	Dressing	2. 0		83. 7	14. 3	49
Acute Care Hospitals	68. 2	Transferri ng	8. 2		75. 5	16. 3	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	4. 1		69. 4	26. 5	49 49 49
Reĥabilitation Hospitals	0.0	Eating	53. 1		30. 6	16. 3	49
Other Locations	4.5	****************	******	******	*******	*********	*****
Total Number of Admissions	66	Conti nence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		2. 0		Respiratory Care	8. 2
Private Home/No Home Health	14. 9	Occ/Freq. Incontinent		65. 3		Tracheostomy Care	0. 0
Private Home/With Home Health	20. 9	Occ/Freq. Incontinent	t of Bowel	44. 9	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	0. 0	_				Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	4. 1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	6. 1	Recei vi ng	Mechanically Altered Diet	s 46.9
Reĥabilitation Hospitals	0. 0						
Other Locations	4. 5	Skin Care				nt Characteristics	
Deaths	59 . 7	With Pressure Sores		8. 2		ce Directives	93. 9
Total Number of Discharges		With Rashes		10. 2	Medi cati ons		
(Including Deaths)	67				Recei vi ng	Psychoactive Drugs	53. 1

	Thi s	Other I	łospi tal -		All
	Facility	Based Fa	acilities	Faci	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	87. 5	1. 12	84. 5	1. 16
Current Residents from In-County	100. 0	83. 6	1. 20	77. 5	1. 29
Admissions from In-County, Still Residing	37. 9	14. 5	2. 61	21. 5	1. 76
Admissions/Average Daily Census	134. 7	194. 5	0. 69	124. 3	1.08
Di scharges/Average Daily Census	136. 7	199. 6	0. 68	126. 1	1.08
Discharges To Private Residence/Average Daily Census	49. 0	102. 6	0. 48	49. 9	0. 98
Residents Receiving Skilled Care	83. 7	91. 2	0. 92	83. 3	1.00
Residents Aged 65 and Older	98. 0	91. 8	1. 07	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	57. 1	66. 7	0.86	69. 0	0.83
Private Pay Funded Residents	30. 6	23. 3	1. 31	22. 6	1. 35
Developmentally Disabled Residents	0. 0	1. 4	0.00	7. 6	0.00
Mentally Ill Residents	22. 4	30. 6	0. 73	33. 3	0.67
General Medical Service Residents	0. 0	19. 2	0.00	18. 4	0.00
Impaired ADL (Mean)*	53. 5	51. 6	1. 04	49. 4	1.08
Psychological Problems	53. 1	52. 8	1. 01	50. 1	1.06
Nursing Care Required (Mean)*	9. 7	7.8	1. 24	7. 2	1. 36